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FROM THE AMERICAN PEOPLE

ZIMBABWE

TUBERCULOSIS PROFILE



Country Population	13,328,000
Est. number of new TB cases	73,714
Est. TB incidence (all cases per 100,000 pop)	557
DOTS population coverage (%)	100
Rate of new SS+ cases (per 100,000 pop)	227
DOTS case detection rate (new SS+) (%)	42
DOTS treatment success rate, 2005 (new SS+) (%)	68
Est. new adult TB cases (HIV) + (%)	43
New multidrug-resistant TB cases (%)	1.9
WHO Global TB Report 2008 and WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008	

Tuberculosis (TB) is a major public health problem in Zimbabwe. Zimbabwe ranked 20th on the list of 22 high-burden TB countries in the world. According to the World Health Organization's (WHO's) *Global Tuberculosis Control Report 2008*, Zimbabwe had an estimated 73,714 new TB cases in 2006, with an estimated incidence rate of 557 cases per 100,000 population. The number of new reported TB cases in Zimbabwe declined 6.8 percent between 2005 and 2006. DOTS (directly observed treatment, short course) case detection declined from 46 percent in 2002 to 41 percent in 2005, and was 42 percent in 2006. These declines reflect the deteriorating sociopolitical context, which has a direct impact on health service delivery in Zimbabwe.

Treatment success rates followed a similar pattern, declining from 71 percent in 2001 to 54 percent in 2004 but increased to 68 percent in 2005. Zimbabwe has the third highest TB mortality rate in the sub-Saharan African region, although it has the 11th highest incidence rate. The TB-HIV/AIDS co-infection rate is high. According to WHO, 43 percent of new adult TB patients tested HIV positive. However, national data suggest the actual estimate is around 80 percent, and there is increasing HIV surveillance in TB patients. Multidrug-resistant (MDR) TB remains low, and extensively drug-resistant (XDR) TB has not been found; however, they are still threats, as neighboring countries have higher levels of MDR-TB as well as XDR-TB.

Health services for TB control and prevention in Zimbabwe are inadequate in terms of coverage, access, and quality of care, mainly due to the lack of infrastructure and to limited human capacity. The National TB Control Program (NTCP), which is part of one HIV/AIDS/STI and TB unit, has a manager and a national TB coordinator. Recently, the NTCP, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, gained new staff. The NTCP does have a policy of testing TB patients for HIV and providing antiretroviral treatment and counseling to HIV-positive patients, yet no data are available on the number of patients tested or treated.

USAID Approach and Key Activities

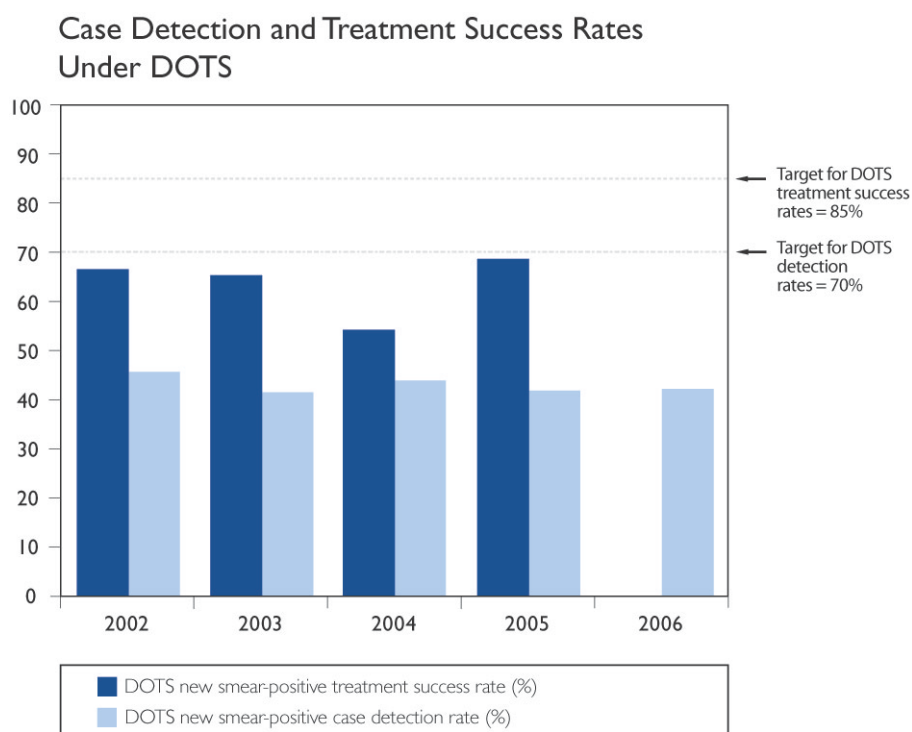
USAID support for TB control in Zimbabwe began in fiscal year (FY) 2008, with funding of \$ 1.5 million. Through the Tuberculosis Control Assistance Program (TB CAP), USAID will be working closely with Ministry of Health and Child Welfare (MOHCW), WHO's National and Regional Offices, and the U.S. CDC to provide technical assistance at the central level and to promote the implementation of expanded DOTS for TB and TB-HIV/AIDS collaborative activities. USAID has built a strong foundation of successful HIV/AIDS activities and will be building its TB activities in coordination with these successful programs and partners to implement TB-HIV/AIDS activities. While strengthening central-level management and technical skills, USAID's plan will expand TB activities from one province level to the others in a phased manner. USAID's three-year plan for TB assistance supports the following activities and interventions:

- Supporting DOTS expansion through management training for central-level senior staff as well as provincial-level staff
- Determining where technical gaps in human resources are and training personnel in a targeted manner
- Promoting the use of guidelines developed by the WHO and the International Union Against Tuberculosis and Lung Disease (The Union) for TB diagnosis and treatment in order to standardize treatment
- Ensuring adequate and appropriate district- and provincial-level TB and TB-HIV/AIDS service delivery

- Supporting achievement of TB targets and indicators at the provincial and district levels
- Improving case detection by increasing diagnostic capacity and encouraging active case finding at the community level
- Decreasing the risk for MDR-TB and XDR-TB through an enhanced DOTS package of services
- Supporting basic infection control measures in clinic settings, where service delivery takes place, as well as in laboratories that handle sputum specimens
- Improving provincial managerial, logistics, and information systems for TB and TB-HIV/AIDS and increasing availability of drugs for the treatment of TB
- Implementing TB-HIV/AIDS collaborative activities to combat high co-infection rates by increasing TB screening of HIV-positive patients, allowing for earlier detection and initiation of treatment, and improving coordination of TB and HIV referral systems
- Supporting the development of a national advocacy, communication, social mobilization strategy

USAID Program Achievements

As this is the first year of USAID support for TB control and prevention activities, future reports will document achievements.



Note: DOTS treatment success rate for 2006 will be reported in the 2009 global report.
 Source: Global tuberculosis control: Surveillance, planning, financing: WHO report 2008.

Partnerships

Partnerships are one of the most important elements in combating TB in Zimbabwe. TB CAP and one of its partners, The Union, will collaborate with others to strengthen TB control in the country. The Union has been working in Zimbabwe on integrated HIV care for persons living with HIV/AIDS and TB. The other partners include John Snow Inc. and Population Services International. The WHO is supporting DOTS expansion and enhancement, TB-HIV/AIDS integration, MDR-TB and XDR-TB surveillance, and is building the capacities of laboratories. The U.S. CDC has worked with the MOHCW, focusing on laboratory strengthening. The U.K. Department for International Development is assisting in procurement of commodities and TB drugs. The European Union and European Commission are supporting development of logistics systems and human resource development. In December 2006, the Global Fund approved a \$9.2 million grant to the Zimbabwe Association of Church-Related Hospitals for strengthening program management, laboratory diagnostic capacity and improving treatment outcomes and coordination between TB and HIV/AIDS services. Zimbabwe received a Round 8 Grant for \$86.8 million for HIV, which will support TB-HIV/AIDS collaborative activities, increased TB case-finding among people living with HIV/AIDS, and provision of treatments with cotrimoxazole preventative therapy and anti-retroviral therapy for eligible, dually infected patients.